

## LSTA Digitization Mini-Grant Reimbursement Request Three

Library Name: \_\_\_\_\_

Project #: \_\_\_\_\_ Fiscal Agency Federal Employer #: \_\_\_\_\_

Address: \_\_\_\_\_

**A complete, legible copy of each invoice, receipt and other supportive documentation must be attached to this form.**

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Fiscal Agency (if different): \_\_\_\_\_

I have reviewed all documents included with this Reimbursement Request and certify that they are accurate and for activities approved in the grant application.

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

\_\_\_\_\_  
Fiscal Agent Signature

\_\_\_\_\_  
Grant Administrator Signature

\_\_\_\_\_  
Typed Name and Title

\_\_\_\_\_  
Typed Name and Title

**Training:** (number of days in increments of .5)

Date	Number of Staff	Number of Days	x 200	Total Training
			x 200	
			x 200	
			x 200	

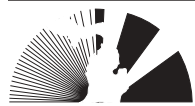
**This form must be received by our office  
no later than June 15, 2004.**

**Travel:**

Date	Beginning Destination	Ending Destination	Miles Traveled	x 0.36	Mileage Total	Meals	Lodging	Total Travel
				x 0.36				
				x 0.36				
				x 0.36				

**Digitization Equipment, Software, Technology, Promotion:**

Payee/Vendor Name	Invoice Total	Amount Requested	Budget Category	Date Paid	Check Number



**Library of  
Michigan**

Dept. of History, Arts and Libraries  
LSTA Team  
702 West Kalamazoo Street  
PO Box 30007  
Lansing, MI 48909-7507

Total Amount \_\_\_\_\_  
Less Previous Reimbursement \_\_\_\_\_  
(if applicable) \_\_\_\_\_  
**Total Reimbursement Request** \_\_\_\_\_